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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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-11/13/00--01019--014

*****35.00 *****35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. FAMILY DENTAL CARE CENTER OF MIAMI FLA,
(Corporation Name) (Document #)

2. CORP.,
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

COULLIETTE NOV 13 2000

Examiner's Initials

RESIGNATION OF OFFICER AND DIRECTOR
AFFIDAVIT

STATE OF FLORIDA

COUNTY OF MIAMI-DADE


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BEFORE ME, the undersigned authority, personally appeared,
FRANCISCO FERNANDEZ, who upon being first duly sworn, says the
following:

1. That I, FRANCISCO FERNANDEZ, have resigned as President
of FAMILY DENTAL CARE CENTER OF MIAMI FLA. CORP., a Florida
Corporation.

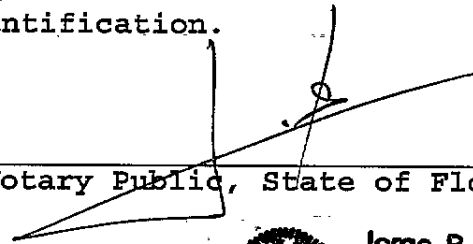
2. That the corporation has been notified in writing of the
resignation.

FURTHER AFFIANT SAYETH NAUGHT.



FRANCISCO FERNANDEZ

Sworn to and subscribed before me this 8th day of NOV, 2000.
The undersigned notary public specifies tha affiant's signature
is the signature being notarized and that affiant personally
appeared before the notary at the time of notarization. Affiant
is personally know or has furnished
_____ as identification.



Notary Public, State of Florida

My Commission Expires:



Jorge R. Lopez
Commission # CC 790914
Expires NOV. 15, 2002
BONDED THRU
ATLANTIC BONDING CO., INC.